

## About the Varicella (Chickenpox) Requirement

Chickenpox is one of the most readily communicable diseases and will spread quickly to susceptible children within the classroom. Legislation added chickenpox vaccine to the Idaho School Immunization Law, effective April 7, 2011. Children born after September 1, 2005 must show proof of a chickenpox immunization **or** disease history to enter or transfer into an Idaho school.

If a child already has had chickenpox, the licensed health care professional will indicate it on the child's immunization record with a note or stamp. Providers will consider clinical diagnosis, laboratory tests, and/or parental history, in deciding if there is sufficient evidence of past chickenpox disease. Here's how they will record disease history:

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
<b>VARICELLA</b> (chickenpox) <input checked="" type="checkbox"/> Had disease		<b>Friendly Hills Pediatrics</b>	
1 <b>HEPATITIS A</b>			

If the child has not had chickenpox or if the provider is uncertain, the health care provider will vaccinate the child for varicella (chickenpox). This will be recorded with the date on the immunization record as usual. On the Blue Folder, transfer the dates as usual or write in disease history like this:

<b>HIB MENINGITIS</b> (Haemophilus)	/ /	/ /	/ /
<b>HEPATITIS B</b>	/ /	/ /	/ /
<b>VARICELLA</b> (Chickenpox)	<u>Disease</u> / /		

If the child's parent or guardian reports that the child had chickenpox, but does not have proof of disease history and declines the varicella vaccine, a philosophical exemption must be claimed and the box "Varicella Disease History" must be checked. Schools will report on the two Varicella exemption categories separately on the annual school immunization report that is due on November 1st. Please note, all students without proof of immunity will be excluded from school in the event of a disease outbreak, both for their protection and for the protection of others.

<input type="checkbox"/> <b>Varicella (Chickenpox):</b> I understand by not receiving this vaccine, my child is at increased risk of developing varicella. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, encephalitis, and death.	Initial	Date
<input checked="" type="checkbox"/> <b>Varicella Disease History:</b> My child has had chickenpox, but was <u>not</u> diagnosed by a physician. I decline to have my child receive the varicella vaccine and thus request a philosophical exemption from this requirement.	Initial <b>SK</b>	Date <b>04/14/11</b>